

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <u>10/643931</u>	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1	/		/				51				
2	/	/	/	/			52				
3	/		/				53				
4	/		/				54				
5	/		/				55				
6	/		/				56				
7	/		/				57				
8		/		/			58				
9		/		/			59				
10		/		/			60				
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43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	6		5				TOTAL IND.				
TOTAL DEP.	29		29				TOTAL DEP.				
TOTAL CLAIMS	35						TOTAL CLAIMS				

Best Available Copy